

## Top 10 differential diagnoses in family medicine: Dyspnea

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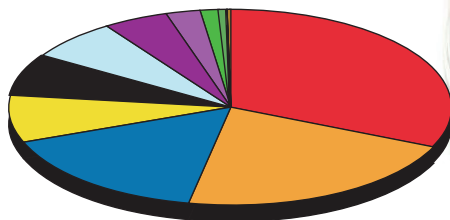
### 5. DYSPNEA

The best way to approach dyspnea is, of course, to first divide it into acute and chronic forms.

#### ACUTE DYSPNEA

If the patient is in obvious respiratory distress, then the generalist's role in the community should be limited to stabilizing the airway, providing oxygen and transferring to an acute facility for definitive diagnosis. There, the practitioner needs to consider these most common causes:

- Pneumonia;
- Congestive heart failure;
- Acute asthma or COPD exacerbation;
- PE;
- Pneumothorax (especially in suddenly worsening dyspnea in an asthmatic);
- Foreign body aspiration (especially in children, the debilitated, or the intoxicated);
- Hyperventilation (especially when accompanied by dysesthesias); and
- DKA or another metabolic process.

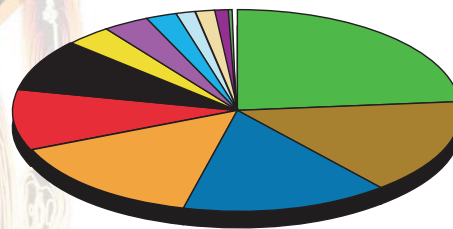


Under 45

#### CHRONIC DYSPNEA

The more common presentation in the community setting. In addition to the usual cardio-respiratory etiologies, and if standard work-up looking for these is not fruitful, one must consider:

- anemia;
- hyperthyroidism;
- obesity or deconditioning;
- chest wall pathology; and
- neuromuscular disease.



45 and Older

	AGE	
	Under 45	45 and Older
Asthma	31.80 %	9.90 %
Acute Bronchitis	21.50	14.70
COPD	1.50	23.70
CHF	0.07	15.30
Dyspnea NYD	7.00	8.20
Anxiety	7.80	3.30
URI	6.70	1.50
Pneumonia	2.50	3.30
Acute Laryngitis/Tracheitis	4.70	1.00
Ischemic Heart Disease	0.20	2.30
Lung Malignancy	0.00	1.30
PE	0.30	0.50
Other	16.00	15.00

CHF—congestive heart failure; COPD—chronic obstructive pulmonary disease; DKA—diabetic ketoacidosis; NYD—not yet diagnosed; PE—pulmonary embolism; URI—upper respiratory infection.

For a pdf of the Top Ten Differential Diagnoses in Family Medicine pamphlet or to access the slide show on-line, go to <http://www.familymedicine.uottawa.ca/eng/TopTenDifferentialDiagnosisInPrimaryCare.aspx>.

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